

Please type a plus sign (+) inside this box. → +

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Attorney Docket No.</td><td colspan="2">STL 3244</td></tr><tr><td colspan="2">First Inventor</td><td colspan="2">Jeffrey Arnold LeBlanc</td></tr><tr><td>Title</td><td colspan="3">Hydraulic Compensation for Magnetically Biased Fluid Dynamic Bearing Motor</td></tr><tr><td colspan="2">Express Mail Label No.</td><td colspan="2">EV 323 863 719 US</td></tr></table>		Attorney Docket No.		STL 3244		First Inventor		Jeffrey Arnold LeBlanc		Title	Hydraulic Compensation for Magnetically Biased Fluid Dynamic Bearing Motor			Express Mail Label No.		EV 323 863 719 US									
Attorney Docket No.		STL 3244																									
First Inventor		Jeffrey Arnold LeBlanc																									
Title	Hydraulic Compensation for Magnetically Biased Fluid Dynamic Bearing Motor																										
Express Mail Label No.		EV 323 863 719 US																									
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop: Box Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																									
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 15] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]</p> <p>5. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for a continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>ACCOMPANYING APPLICATIONS PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>																									
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Continuation</td><td><input type="checkbox"/> Divisional</td><td><input type="checkbox"/> Continuation-in-part (CIP)</td><td>of prior application No: _____ / _____</td></tr><tr><td colspan="3">Prior application information: Examiner _____</td><td>Group / Art Unit: _____</td></tr></table> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of prior application, from which an oath or declaration is supplied under Box 5b, is considered part of the disclosure of accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>				<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____ / _____	Prior application information: Examiner _____			Group / Art Unit: _____																
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____ / _____																								
Prior application information: Examiner _____			Group / Art Unit: _____																								
<p style="text-align: center;">17. CORRESPONDENCE ADDRESS</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Customer Number or Bar Code Label</td><td style="text-align: center;">36521</td><td colspan="2">or <input type="checkbox"/> Correspondence address below</td></tr><tr><td colspan="4" style="text-align: center;"><small>(Insert Customer No. or Attach bar code/label here)</small></td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name</td><td colspan="2"></td></tr><tr><td colspan="2">Address</td><td colspan="2"></td></tr><tr><td>City</td><td>State</td><td>Zip Code</td><td></td></tr><tr><td>Country</td><td>Telephone</td><td>Fax</td><td></td></tr></table>				<input type="checkbox"/> Customer Number or Bar Code Label	36521	or <input type="checkbox"/> Correspondence address below		<small>(Insert Customer No. or Attach bar code/label here)</small>				Name				Address				City	State	Zip Code		Country	Telephone	Fax	
<input type="checkbox"/> Customer Number or Bar Code Label	36521	or <input type="checkbox"/> Correspondence address below																									
<small>(Insert Customer No. or Attach bar code/label here)</small>																											
Name																											
Address																											
City	State	Zip Code																									
Country	Telephone	Fax																									
Name (Print/Type)		James A. Sheridan																									
Registration No. (Attorney/Agent)		25,435																									
Signature		Date																									
		6.23.03																									

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop: Box Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

17507 U.S. PTO
10/602471
06/23/03

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 5px 0 0 40px;"><i>Patent fees are subject to annual revision.</i></p>		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$) 790		Application Number: Unassigned	Filing Date: Herewith
		First Named Inventor: Jeffry Arnold LeBlanc	Examiner Name: Unassigned
		Group / Art Unit: Unassigned	Attorney Docket No.: STL 3244

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 20-0782/STL 3244 Deposit Account Name: Moser, Patterson & Sheridan, LLP The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>40</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table> Other fee (specify) _____ *Reduced by Basic Filing Fee Paid	Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	400	216	200		117	920	217	460		118	1,440	218	720		128	1,960	228	980		119	320	219	160		120	320	220	160		121	280	221	140		138	1,510	138	1,510		140	110	240	55		141	1,280	241	640		142	1,280	242	640		143	460	243	230		144	620	244	310		122	130	122	130		123	50	123	50		126	180	126	180		581	40	581	40	40	146	740	246	370		149	740	249	370		179	740	279	370		169	900	169	900	
Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																														
105	130	205	65																																																																																																																																															
127	50	227	25																																																																																																																																															
139	130	139	130																																																																																																																																															
147	2,520	147	2,520																																																																																																																																															
112	920*	112	920*																																																																																																																																															
113	1,840*	113	1,840*																																																																																																																																															
115	110	215	55																																																																																																																																															
116	400	216	200																																																																																																																																															
117	920	217	460																																																																																																																																															
118	1,440	218	720																																																																																																																																															
128	1,960	228	980																																																																																																																																															
119	320	219	160																																																																																																																																															
120	320	220	160																																																																																																																																															
121	280	221	140																																																																																																																																															
138	1,510	138	1,510																																																																																																																																															
140	110	240	55																																																																																																																																															
141	1,280	241	640																																																																																																																																															
142	1,280	242	640																																																																																																																																															
143	460	243	230																																																																																																																																															
144	620	244	310																																																																																																																																															
122	130	122	130																																																																																																																																															
123	50	123	50																																																																																																																																															
126	180	126	180																																																																																																																																															
581	40	581	40	40																																																																																																																																														
146	740	246	370																																																																																																																																															
149	740	249	370																																																																																																																																															
179	740	279	370																																																																																																																																															
169	900	169	900																																																																																																																																															
FEE CALCULATION 1. BASIC FILING FEE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>750</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (1)</td><td>(\$ 750)</td></tr> </tbody> </table> 2. EXTRA CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>-20 **</td> <td>0</td> <td>0</td> </tr> <tr> <td>Independent Claims: 3</td> <td>-3 **</td> <td>0</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>0</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5">SUBTOTAL (2)</td><td>(\$ 0)</td></tr> </tbody> </table> **or number previously paid, if greater; For Reissues, see above	Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee	750	106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)					(\$ 750)	Total Claims	Extra Claims	Fee from below	Fee Paid	20	-20 **	0	0	Independent Claims: 3	-3 **	0	0	Multiple Dependent			0	Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$ 0)	SUBTOTAL (3) (\$ 40)																																													
Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																													
101	740	201	370	Utility filing fee	750																																																																																																																																													
106	330	206	165	Design filing fee																																																																																																																																														
107	510	207	255	Plant filing fee																																																																																																																																														
108	740	208	370	Reissue filing fee																																																																																																																																														
114	160	214	80	Provisional filing fee																																																																																																																																														
SUBTOTAL (1)					(\$ 750)																																																																																																																																													
Total Claims	Extra Claims	Fee from below	Fee Paid																																																																																																																																															
20	-20 **	0	0																																																																																																																																															
Independent Claims: 3	-3 **	0	0																																																																																																																																															
Multiple Dependent			0																																																																																																																																															
Large Fee Code	Large Entity Fee (\$)	Small Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																																																																																																																													
103	18	203	9	Claims in excess of 20																																																																																																																																														
102	84	202	42	Independent claims in excess of 3																																																																																																																																														
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																														
109	84	209	42	** Reissue independent claims over original patent																																																																																																																																														
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																														
SUBTOTAL (2)					(\$ 0)																																																																																																																																													

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	James A. Sheridan	Registration No. Attorney/Agent	25,435
Signature		Telephone	650-330-2310
		Date	6.23.03